

1. DATE ISSUED MM/DD/YYYY 07/24/2018		2. CFDA NO. 93.070	3. ASSISTANCE TYPE Cooperative Agreement	DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention CDC Office of Financial Resources 2920 Brandywine Road Atlanta, GA 30341	
1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded				NOTICE OF AWARD AUTHORIZATION (Legislation/Regulations) Sect 301 and 307 PHS Act(42 USC Sect 241 and 247), amended	
4. GRANT NO. 5 NUB2EH001325-04-00 Formerly 1UE2EH001325-01		5. ACTION TYPE Non-Competing Continuation			
6. PROJECT PERIOD MM/DD/YYYY From 09/30/2015		Through 09/29/2020			
7. BUDGET PERIOD MM/DD/YYYY From 09/30/2018		Through 09/29/2019			

8. TITLE OF PROJECT (OR PROGRAM)
MO: SUPPORT FOR PUBLIC HEALTH DRINKING WATER PROGRAMS TO REDUCE DRINKING WATER EXPOSURES

9a. GRANTEE NAME AND ADDRESS HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV 920 Wildwood Dr Community and Public Health-DUP Jefferson City, MO 65109-5796	9b. GRANTEE PROJECT DIRECTOR Mr. Jeff Wenzel 930 Wildwood Dr Jefferson City, MO 65109-5796 Phone: 573-526-4911
10a. GRANTEE AUTHORIZING OFFICIAL Ms. Tonya R Loucks 920 WILDWOOD DR Business Official JEFFERSON CITY, MO 65109-5796 Phone: 573-751-6014	10b. FEDERAL PROJECT OFFICER Connie Thomas 4770 Buford Hwy, NE; MS F58 Atlanta, GA 30341 Phone: 770-488-3631

ALL AMOUNTS ARE SHOWN IN USD			
11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 134,000.00	
II Total project costs including grant funds and all other financial participation <input type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages 62,237.00		c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits 30,764.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 134,000.00	
c. Total Personnel Costs 93,001.00		13. Total Federal Funds Awarded to Date for Project Period 536,000.00	
d. Equipment 0.00		14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies 4,861.00		YEAR	TOTAL DIRECT COSTS
f. Travel 8,361.00		a. 5	d. 8
g. Construction 0.00		b. 6	e. 9
h. Other 7,968.00		c. 7	f. 10
i. Contractual 0.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS 114,191.00		a. DEDUCTION	
k. INDIRECT COSTS 19,809.00		b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET 134,000.00		c. MATCHING	
m. Federal Share 134,000.00		d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share 0.00		e. OTHER (See REMARKS)	
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:			
a. The grant program legislation			
b. The grant program regulations.			
c. This award notice including terms and conditions, if any, noted below under REMARKS.			
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.			
In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.			

REMARKS (Other Terms and Conditions Attached - ☒ Yes ☐ No)

GRANTS MANAGEMENT OFFIC1 Tiffany-392250 Mannings

17. OBJ CLASS 41.51	18a. VENDOR CODE 1446000987B7	18b. EIN 446000987	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 8-921ZHBC	b. 001325EH15	c. 93.070	d. EH	e. \$134,000.00
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
09/30/2015	09/29/2016	Annual	12/28/2016
09/30/2016	09/29/2017	Annual	12/28/2017
09/30/2017	09/29/2018	Annual	12/28/2018
09/30/2018	09/29/2019	Annual	12/28/2019

AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

5 NUE2EH001325-04-00

1. Terms and Conditions
2. Technical Review

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number EH15-1507, entitled Environmental Health Services Support For Public Health Drinking Water Programs To Reduce Water Exposures, and application dated May 7, 2018, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$134,000.00 is approved for the Year 4 budget period, which is September 30, 2018 through September 29, 2019. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

1. Provide consultation, guidance, technical assistance and support for activities related to project development, design, planning, implementation, evaluation, data analysis, and reporting.
2. Provide guidance and support in evaluating required activities through the use of CDC staff, commitment, time and subject matter expertise.
3. Provide review and approval for program project work plans.
4. Facilitate the exchange of information and coordinate interactions between and among grantee organizations by sharing information through CDC supported communication, Web-sites, related stakeholders meetings and websites, scheduled grantee meetings and direct communication.
5. CDC will lead and organize grantee meetings in related national workgroups covering relevant topics of concern on unregulated drinking water systems and private wells; participate on teams and committees as appropriate.
6. CDC shall share information related to the cooperative agreement and its projects with grantees. Information shall be related to but not limited to improved practices, lessons learned, understanding barriers to project implementation and identifying solutions to overcome barriers, performance measures and indicators, quality improvement tools and evaluation results.
7. CDC shall disseminate information through grantee meetings, teleconferences with technical monitors and project officers, written and communicated guidance material. Webinars, stakeholder meetings, committees, conference calls, working groups, and social media.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

Objective/Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, October 30, 2018, will cause delay in programmatic progress and will adversely affect the future funding of this project.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 9, 2018, which calculates indirect costs as follows: a Provisional rate is approved at a rate of 21.30% of the base which includes direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2018 to June 30, 2019.

REPORTING REQUIREMENTS

Performance information collection initiated under this cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132 "Performance Progress and Monitoring Report Expiration Date 8/31/2019."**

Required Disclosures for Federal Awardee Performance and Integrity Information System

(FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Lisa DeBouse, Grants Management Specialist
Centers for Disease Control and Prevention
OD, Environmental, Occupational Health & Injury Prevention Services Branch
2960 Brandywine Road, MS E-01
Atlanta, GA 30341
Fax: 770-488-2640 (Include "Mandatory Grant Disclosures" in subject line)
Email: wzn5@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the “P Account”. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS

The final programmatic report format required is the following.

This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:
<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

Information collection initiated under this cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132 “Performance Progress and Monitoring Report”, Expiration Date 8/31/2019.**

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Lisa DeBouse, Grants Management Specialist

Centers for Disease Control and Prevention
OD, Environmental, Occupational Health & Injury Prevention Services Branch
2960 Brandywine Road, MS E-01
Atlanta, GA 30341
Telephone: 770-488-3198
Fax: 770-488-2640
Email: wzn5@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:

Connie Brooks-Thomas, Project Officer
Centers for Disease Control and Prevention
National Center for Environmental Health
4770 Buford Highway, Mailstop F58
Atlanta, GA 30341
Telephone: 770-488-3631
Email: cbthomas@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMOContact:

Tiffany Mannings, Grants Management Officer
Centers for Disease Control and Prevention
Centers for Disease Control and Prevention
OD, Environmental, Occupational Health & Injury Prevention Services Branch
2960 Brandywine Road, MS E-01
Atlanta, GA 30341
Telephone: 770-488-2515
Fax: 770-488-2640
Email: yuo7@cdc.gov

**National Center for Environmental Health
Division of Environmental Health Science and Practice; Water, Food and Environmental Health Services
Branch**

Technical Review

Awardee's Name: Missouri Department of Health and Senior Services

Grantee #: NUE2EH2018000194, Budget Year: 2018 - 2019

FOA #: CDC-RFA-EH15-1507 Title: Support for Public Health Drinking Water Programs to Reduce Drinking water Contaminant Exposures

Requested Amount: \$ 134,000, Recommended Award Amount: \$ 134,000

Actual Unobligated Funds: \$ 0.00 Estimated Unobligated Funds: \$ none estimated

1. Response to Technical Review (check one):

☒ X The awardee must submit a response to the weakness(es) and recommendations identified in the technical review within 30 days from receipt date of the notice of award. **(Note: The awardee's response should be reflective only of the weaknesses identified therefore, resubmission of the entire application is not required.)**

☐ No response to Technical Review is required.

2. Budget and Work-plan (check one):

☐ Revised Budget and Work-plan are needed due to a reduction in proposed budget, which affects the proposed activities/work-plan. **(Attach budget mark-up and justification to be used by GMS to request revised budget and work-plan.)**

Revised budget and work-plan are required due to – (provide reason(s)):

☒ X Revised budget and work-plan are **NOT** required.

3. Performance (check one):

☒ X The project officer certifies performance is satisfactory to date and continued funding is recommended.

☐ The project officer certifies performance is not fully satisfactory to date and weaknesses and recommendations should be addressed, continued funding should be restricted until attached recommendations are met.

☐ The project officer has determined performance to date has been less than satisfactory and continued funding is denied. The project officer's determination is based on below factual data as published in the announcement.

Project Officer's Name: Adrienne K Holmes

Project Officer's Signature (mandatory): Adrienne K Holmes Date: 05/15/2018

Awardee's Name: Missouri Department of Health and Senior Services

Award #: NUE2EH2018000194 Budget Year: 2018 - 2019

A thorough review of the interim progress report has been performed. The review considered the evaluation criteria published in the funding opportunity announcement. Based on the review, the followings were identified:

A. Progress report:

Summary of Major Strengths:

The Missouri Department of Health and Senior Service's (MDHSS) Healthy Drinking Water Program (HDWP) collects private water samples and distributes sample kits as requested. They also provide laboratory results of private drinking water samples with explanatory letters.

Recently, the new Laboratory Information Management System (LIMS) integrated State Public Health Laboratory data on bacteriological and chemical information into the new LIMS. MDHSS reports that these changes have helped to improve sample management capacity, data integrity, and reduced errors when manually reporting data and reporting.

MDHSS evaluates private drinking water results, interprets analytical results, and recommends treatment options for private drinking water inquiries. Additionally, MDHSS participates in home shows, health fairs, and community meetings where they target messages for vulnerable populations for pregnant women, children, and for issues related to lead contamination.

With support from Environmental Public Health Tracking, MDHSS has tracked and demonstrated an increase in the Private Drinking Water webpage results. The analytics go beyond just simple web hits to the page and include number of sessions, number of users, number of page views, average session duration, bounce rate percentage, and number of new visits.

MDHSS has a referral mechanism in place with the Missouri Department of Natural Resources (MDNR) for emergency response. An MOU also exists between MDHSS and MDNR.

MDHSS/BEE staff are building expertise and knowledge by participating in trainings from PrivateWellClass.org, and the Safe Water Program Improvement e-learning series on the Tulane Learning Management System.

The results of the countywide private well water surveys indicated the Northwest quadrant of the state has groundwater that is typically unsatisfactory for use.

Summary of Major Weaknesses:

MDHSS has not quantified or provided an indication of the data pertaining to the collection of private water samples or the distribution of sample test kits. They also have not quantified or described the number of letters they have sent out with laboratory results. It is not possible to understand program impact without a description of this information.

MDHSS has not quantified and reported how the new LIMS system has improved management for private wells sampling or sampling for other federally unregulated drinking water sources. MDHSS did not specify how their close support helped SPHL to implement the new LIMS system. Given the current information in LIMS and the ongoing development for a new data management tool, what does the baseline data tell you about the chemical contaminants in the Northwest region? What regional data will MDHSS analyze in the coming fiscal year?

MDHSS mentioned their capacity to conduct work in the Essential Service Area #2 (Diagnose and investigate environmental public health problems and health hazards in the community), but they did not indicate whether any work occurred. If no work occurred in this performance-improvement area, it would be helpful to understand what is preventing work from occurring. For example, how did the expanded capacity to offer analyzed laboratory results result in improved services?

MDHSS has not provided sufficient evidence or explanation of their activities during home shows, health fairs, and community meetings that define how private wells owners are informed and educated. For example, how many shows, health fairs, and community meetings did MDHSS attend? What materials or information did MDHSS distribute at these meetings? Given MDHSS's description of Essential Service #3 activities, there is no information describing what took place in these meetings. What pamphlets and factsheets were distributed? What specific online resources were developed?

Although MDHSS has a referral mechanism in place with the MDNR for emergency response, and there is an existing MOU, they mention referrals for blood-lead testing, but they do not mention anything related to private well testing related to lead. How does the referral mechanism and MOU support work related to federally unregulated drinking water program? Did the signing of the MOU between MDNR and MDHSS occur this year during the performance period? Did MDHSS collect well water samples based on referrals from MDNR?

MDHSS states that they are continuing to learn about the training needs of Local Public Health Agencies (LPHA); however, there is no suggestion of what they have learned to date and how they are planning to address it in workforce development efforts. What has MDHSS staff learned to date and how do MDHSS/HDWP staff intend to address what they are learning about workforce needs at the LPHA level? Please define what "variety of training" the LPHAs need and how it will be implemented?

What are the chemical contaminants affecting the Northwest quadrant in Missouri? MDHSS did not provide this information in their report.

Other Relevant Comments:

Future reports need to describe activities in more detail. There is not enough specificity provided in this progress report to understand how MDHSS has used their funding to accomplish activities described as ongoing. It would help CDC to understand barriers if MDHSS would report what kept them from accomplishing activities related to their strategies.

B. New Budget Period Proposal Objectives:

Summary of the Project:

MDHSS proposes the following activities for the new performance period:

In Performance Improvement Area #1

MDHSS staff will assess current capacities and abilities to provide drinking water sampling services—original completion date of October 31, 2016. MDHSS will identify private drinking water data sources and potential partners. MDHSS will enter into an agreement with SPHL to increase the capacity of SPHL to provide drinking water testing services. MDHSS will develop a pilot, data management tool in conjunction with SPHL, EPHT, and IT. MDHSS will collect, organize, and evaluate baseline data to identify regions or areas of concern to target for further investigation and possible intervention. MDHSS will refine and finalize the data management tool. MDHSS will identify areas of concern on an ongoing basis. MDHSS will develop partnerships with LPHAs within the identified regions to implement focused interventions

In performance Improvement Area #2

MDHSS will evaluate current private drinking water data to determine potential gaps. MDHSS will collaborate with EPHT and BRDI to assist in tracking and analyzing trends in private drinking water data and correlate with any disease outbreaks related to water contamination. MDHSS will use subject matter experts to develop protocols to address the most common private drinking water concerns. MDHSS will participate in required meetings with CDC and other discussions. MDHSS will collaborate with LPHAs to plan and implements interventions

In Performance Improvement Area 3:

MDHSS will address workforce gaps with appropriate stakeholders. MDHSS will develop educational materials to inform stakeholders and the public about private drinking water issues in target areas. MDHSS will develop training modules or online training modules for private drinking water sampling for LPHAs in targeted areas

In Performance Improvement Area 7:

MDHSS will identify workforce gaps and make recommendations to enhance delivery of private drinking water services. MDHSS will collaborate with the State Public Health Laboratory to increase the capacity of private drinking water sampling. MDHSS will increase awareness of their private drinking water sampling services.

In Performance Improvement Area 8:

MDHSS will include drinking water activities are included in staff position descriptions. Additionally, MDHSS will provide appropriate trainings and educational materials and resources for MDHSS and LPHA staff. MDHSS also proposes updating standard operating procedures to assure efficiency of services delivery.

Summary of Major Strengths:

MDHSS has proposed an aggressive year-four work plan with activities in each of their identified performance improvement areas. MDHSS aligned all of the specific activities under specific strategies that appear to be time-based and relevant for the proposed work timeframe; however, there are exceptions. Several of the proposed activities are specific enough to have corresponding performance measures.

Summary of Major Weaknesses:

One of the biggest weaknesses of the MDHSS proposed plan is that the activities do not have anticipated completion dates. Only the overarching strategies are time-based and have completion dates. CDC finds it difficult to identify how MDHSS will prioritize their many proposed activities and understand when MDHSS will complete some of those activities. Determining completion dates for each proposed activity that will fit within the expected completion dates identified for the overarching strategies will help CDC to track progress for MDHSS.

Specific weaknesses include the following:

It is not clear why MDHSS will need to enter into an agreement (what type of agreement) with SPHL to increase the capacity of SPHL to provide drinking water testing services. Understanding how MDHSS supported SPHL to integrate bacteriological and chemical data into a new LIMS might have made this clearer

Based on their accomplishments from year three activities, MDHSS mentions that the LIMS has improved sample management capability, data integrity, and reporting features. It is unclear whether the MDHSS new data management tool is the same as the LIMS; and if it is not same tool, how a new tool will integrate with the LIMS.

It appears MDHSS wants to continue to evaluate baseline data to identify regions or areas of concern to target for further investigation and possible intervention. It is not clear whether MDHSS will continue to conduct countywide surveys, or use the data they collect and organize in their new data management tool to do this.

MDHSS proposes addressing workforce gaps with appropriate stakeholders. Currently, MDHSS staff are taking existing trainings (e.g., Safe Water Program Improvement Training, and Well.org trainings offered by the University of Illinois). These trainings are free and open to the public. Are there barriers or reasons that these trainings have not been promoted to LPHAs?

MDHSS describes an activity where they will increase awareness of their private drinking water sampling services. This activity currently lacks specifics related to how MDHSS wants to accomplish this. How will MDHSS accomplish this increase in awareness?

Recommendations:

Provide completion dates. Determining completion dates for each proposed activity that will fit within the expected completion dates identified for the overarching strategies will help CDC to track progress for MDHSS.

Clarify relationship with SPHL. Is there an existing MOU between MDHSS and SPHL? What type of new agreement does MDHSS need with SPHL to increase the capacity of SPHL to provide drinking water testing services?

Clarify purpose/function of data management tool. How will developing a new data management tool with SPHL, EPHT, and IT improve upon the features of the LIMS that has improved sample management capacity, data integrity, and reporting features? Are the LIMS and new data management tool the same item?

Clarify data collection and use. Will MDHSS continue to conduct countywide surveys or use the data they collect and organize in their new data management tool to identify concerns in regions? This is not clear in their proposed activities.

Explain why existing training is not used. What barriers exist that prevent MDHSS from recommending existing training (Well.org and Safe Water Program Improvement training) to their LPHAs?

Explain awareness strategy(ies). How will MDHSS increase awareness of their private drinking water sampling services for LPHAs?

Other Relevant Comments:

There are no other comments for this grantee's application.